

gested strongly that a copper conductor had been applied." Despite this evidence, the court dismissed the charge of torture, but newspaper publicity about the case had been so great that the government finally appointed a commission to study the constitutionality of the BOSS Act and, in recent months, South African lawyers and judges have attacked it sharply, with what results, it is still too early to say.

In this country, Dr. Moritz was one of the physicians called in, long after the fact, to evaluate part of the evidence in a more famous crime—the still-mystifying assassination that appears in retrospect to have marked the historical turning point from an America more or less at peace with itself to an America less sure of its own credibility and in seemingly endless political tumult.

To allay public skepticism over the Warren Report, Dr. Moritz, two other eminent pathologists, and a radiologist were asked to review 69 x-rays and photographs. This committee—headed by Dr. Russell S. Fisher, former student of Dr. Moritz and now chief medical examiner of Maryland, professor of pathology at the University

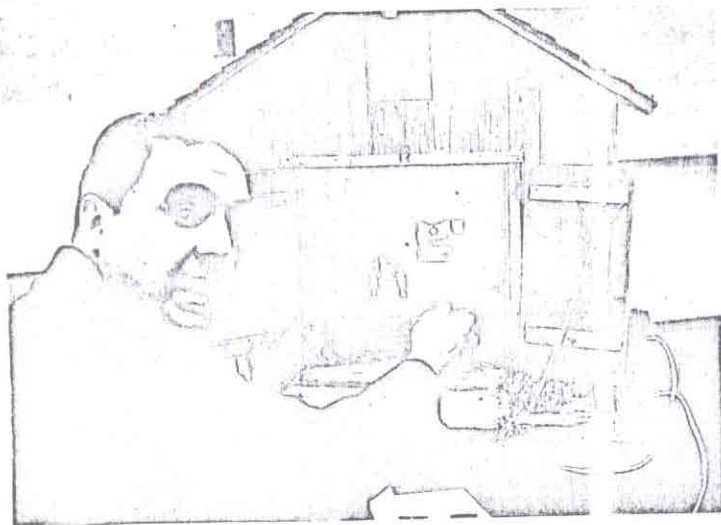
of Maryland, and lecturer in forensic pathology at the Johns Hopkins University—concluded that "the findings of the Warren Commission are not inconsistent with the facts as presented to us," according to Dr. Moritz. They were puzzled, however, by the incompleteness of the autopsy and the unorthodox way in which it was carried out. "The President was rumored to have Addison's disease, but the report contained no mention of examination of the adrenals, for instance. This information would probably have had no bearing on the assassination itself, but the fact that it was not reported indicates that the investigation as a whole was carried out with something less than professional exactitude," he says.

Dr. Fisher locates the source of confusion in the decision to remove the body to Washington for autopsy, thus abrogating local laws and the jurisdiction of the Dallas coroner. "Ideally, the autopsy should have been performed in Dallas by a team of experts. This procedure was followed when Robert Kennedy was killed, and the report of that incident is a model of

thoroughness and accuracy. Communications broke down in Dallas: The original x-rays and photos were not seen by the autopsy team in Washington or even by the Warren Commission until the time that our committee was convened; skull fragments found on the street, which would have permitted a more accurate reconstruction of the skull and hence a clearer notion of the path of the bullet, were not seen by the Washington examiners; for several hours the local coroner was not told that a tracheostomy had been performed at the place where one bullet emerged, and this helped to cloud the issue of how many bullets had been fired and from what directions. All the ambiguities in the case might have been quickly resolved if full control of the investigation had been invested from the beginning in a team of highly qualified pathologists." Neither Dr. Moritz nor Dr. Fisher takes a stand on the nonmedical issues involved in judging the Warren Report's veracity. Like much of the other evidence in the case, the x-rays and photographs are still under lock and key, where they will presumably remain for many years.

Dr. Fisher believes that an effective medical examiner system has two essential components: adequately trained personnel, by which he means physicians with a minimum of two years' postgraduate training in forensic pathology; and statutory authority vested in a chief medical examiner to decide when autopsies are to be performed and to set standards and qualifications for all personnel. In Maryland, which Dr. Moritz calls "the best place in the country to learn forensic pathology and the worst place to commit a murder," the system is patterned on a model law for medicolegal investigative systems that Dr. Moritz helped formulate in 1950 as a member of a committee of experts assembled by the National Municipal League. This model has since been adopted by 20 states and by large urban centers in an additional thirteen states. Its key provisions are that all unusual deaths must be reported to the county med-

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At Harvard (left) Dr. Moritz constructed models of murder scenes to train pathologists to see "facts of little medical, but vast legal, significance." Above, Dr. Russell Fisher uses the models.
A. J. Fisher, University of Maryland